



**BANK USE: 12 13 27103 4920**

**MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

Telephone: 410.841.5862

[www.mda.maryland.gov](http://www.mda.maryland.gov)

**REQUEST FOR VETERINARY TECHNICIAN REGISTRATION APPLICATION**

(This form is only to be used by individuals who have never registered with the MD State Board of Veterinary Medical Examiners to become a Registered Veterinary Technician.)

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

(Maiden Name, if applicable)

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(Note: An application for registration will be sent to the above e-mail address.)

Last 5 digits of technician's Social Security Number: \_\_\_\_\_

**A check or money order in the amount of \$85.00 shall be made payable to Maryland Department of Agriculture. Include your name in the memo section of a check.**

Mail this form and your payment to: Maryland Department of Agriculture  
P.O. Box 17304  
Baltimore, MD 21297-1304

*TechRegAppRequFrm*